

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 420)**

SERIAL NO
10713203
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT							
	NO.	OFF.	NO.	OFF.	NO.	OFF.						
1	1		1		1		61					
2		1					62					
3		1					63					
4		3					64					
5		1					65					
6	1		1		1		66					
7		1					67					
8		2					68					
9		1					69					
10		1					70					
11					1		71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18							78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL					
42							TOTAL					
43							TOTAL					
44							TOTAL					
45							TOTAL					
46							TOTAL					
47							TOTAL					
48							TOTAL					
49							TOTAL					
50							TOTAL					
TOTAL	2	1	2	1	3	1	TOTAL					
TOTAL	11		8		11		TOTAL					
TOTAL	13		10		14		TOTAL					